MHP3431

OMB 3067-007 EXPIRES: JUNE 30 1990

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

This form is to be used	Total I Tose I I I I I I		uctions for completion			The state of the s	2) 116-11	TWI DUILUINGS FALL	using Post-Fi	riw rules.
DUM DING OWNED O	in to selpes of di	artistrico he	MERIOW S. Fue?		да врез	is Flood Incust	ti hna lei	net/ eopa	eni bool3 e	09:
BUILDING OWNER'S N	AME						POLI	CY NUMBER	13119-	00
STREET ADDRESS	ndacaping, or	ug , kill ass riou	e racupindeals	podpinieno	ed by ca	grade unaffect	ent si t	emileb at 19	barp leture	94" -
AptA/Unit-U Suite-S/	Pldo P		NO.		Transfer tags	POUTE			OV NUMBER	
Lot 3. Ma		kingon 9		on		ROUTE		AE, AH, an	OX NUMBÉR	
OTHER DESCRIPTION			JOHNA VANA	. 028	For par	uspli lavel dess	nulex odi	to opt and i	sort Service	000
	(Sicon and lot ma	-	VISED	FIRM	120	39003	776	AC	E1 (1	1)
CITY		1 1	V13-10	1 11/41	1 1001 10		110	STATE	ZIP CC	ODE
This form is to be coinformation for zones owner, or the owner authorized by local la	s A1-A30, AE, A 's representative	.H, A(with BFE), should comple	, V1-V30, VE, an ete the information	d V(with BFI on in Section	E) is requi	red. In the case of v also complete t	of zone AO, he certifica	the building of	official, the pro	operty
		SECT	TION I BUIL	LDING ELE	VATION	INFORMATION	4	ng thata	ociavnia ind	
7. Is the reference * A "No" answer tion drawings construction. A continued floor 8. Provide the followa. The reference the feet	-A30, AE, AH, feet -V30, VE, and agram is at an The floor use so enter in line aber is available agreement ordinary ation datum so vation datum so the elevation datum so elevel based of the datum of the datum of the elevation of the elevation datum of the elevation of th	and A (with E NGVD. (or of V (with BFE) elevation of das the refere 8). This valuale, is the build ances? Y system used in actual constitution of the building in actual constitution of the reference overage.	BFE). The top of ther datum—see ther datum—see the continuous feet No rence level from the must be equivalent for the FIRM for measuring the continuous for the FIRM. Struction?	of the refere #5) If the lowes GVD (or other the selected alto or greet oor (or reference) Unknown the above or base floor elevations is greet ended or is compade next to grade.	ence level at horizon her datun ted diagr eater than erence level delevation different t * ence level d, this ce leted, a p the build b. The g	el floor from the stal structural manage #5). Tam is lifee to the AO Zone in the	e selected ember of t above h flood dept accordan s: NGV Other (the FIRM, Fill in th e valid on n elevatio me neares applicable) below	the reference ighest natural houmber list ce with the company of the reference with the company of the reference in the reference elevation to the reference elevation to the reference elevation to certificate to foot).	e level floor al grade nex ted below. I community's (describe on back) tions provided tased on cor gs in the co will be requi	from to to if no is n back) d nstruc- ourse of ired for
		SECTION	II FLOOD I	NSURANC	E RATE	MAP INFORMA	TION	N MOIS IN THE O	PROPERTY IN	1000
Provide the following	ing from the p	roper FIRM (s	see Instructions	on back-	Date of F	IRM) and accor	mpanying	insurance a	oplication:	
COMMUNITY NO. 130262	0402	SUFFIX	DATE OF FIRM 6-1-84	FIRM 2			BASE FLOOD ELEV. COMMUNITY EST a A0 Zone, use depth) CLEVATION ESTAI OR ZONE V			ZONE A
		-								
Elevation reference	e mark used	appears on FI				side for details)			
This certification is to elevation information property owner, or to floodplain management the data available.	n for zones A1-A he owner's repr nent information.	A30, AE, AH, A(esentative can : mav also sign	with BFE), V1-V3 sign the certifica the certification.	chitect who 30, VE, and tion. Commu I certify that	V(with BF) inity officia the inform	zed by state law t E) is required. In als who are autho mation on this cer	the case of rized by local tificate rep	f zone AO, the cal law or ordi resents my be	building offic nance to prov st efforts to in	cial, the
Leonard I	E. Henry	, R.L.S.	•			GA #1842				
Owner, He	enry and	Associa	ates			LICENSE NUMBER	or Affix Seal)		- L
TITLE	J (A			COMPAN	Y NAME					
Post Offi	ice Box	1246, 9	7 Clarks		Road	, Kingsla	and, G		.8	
ADDRESS	(-	11			CITY			STATE (912)	ZIP 729-5	540
SIGNATURE	mende 1	Your				5/23	3/88 ATE	PHO		710
	ent should attach	the original conv	of the completed	form to the fi	ood insure	nee policy application	n The eace	and conv should	he cupplied to	o the
The modrance age	policyholder and	the third copy re	etained by the age	nt. The fourth	copy is fo	r the local commun ED.	ity permit of	fice, if required	. Jo supplied to	
FOR OPTIONAL CO		: Is the reference	ce level also the		under the					